

H/4
D
5-22-02
A2

SIDLEY AUSTIN BROWN & WOOD LLP

CHICAGO
DALLAS
NEW YORK
SAN FRANCISCO
WASHINGTON, D.C.555 WEST FIFTH STREET
LOS ANGELES, CALIFORNIA 90013
TELEPHONE 213 896 6000
FACSIMILE 213 896 6600
www.sidley.com

FOUNDED 1866

BEIJING
GENEVA
HONG KONG
LONDON
SHANGHAI
SINGAPORE
TOKYOFACSIMILE/TELECOPIER TRANSMISSION**From:** Name: Nisan A. Steinberg, Ph.D.
Voice Phone: 213-896-6665**To:** Name: Examiner Sorbello Art Unit 1633
Company:
Facsimile #: 703 746 5090 Re: 09
Voice Phone:
Subject:**Message:**

Per your request attached is a copy of Response to Supplemental Office Action filed by Applicant on November 1, 2001. References cited in ISR (issued 4/26/02) of corresponding PCT application will be sent in Supplemental IDS as soon as possible.

Date: 05/20/02

Time: 01:48 PM

No. Pages (Including Cover):

8

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, NOTIFY US IMMEDIATELY BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE US POSTAL SERVICE. THANK YOU.

Note: If you do not receive all the pages, please call: 213-896-6665

Sidley

05/20/02 2:20: PAGE 002/8 RightFAX

Client: Cedars-Sinai Medical Center

Atty/Secy: nas:aw

Place your receiving date stamp hereon and return this card.

Please acknowledge receipt of the accompanying:

Document(s):

- (1) Amendment Transmittal Letter; and
- (2) Response to Office Action (mailed August 1, 2001)

Applicant(s) Name: Black et al.

Serial Number: 09/491,500

Filing Date: January 26, 2001

Title: Method for Using Potassium Channel Agonists in Treating a Medicant to an Abnormal Brain Region and/or a Malignant Tumor

☒ **Certificate of Mailing**

Fee: \$ none

Our Docket No. 18810-80645

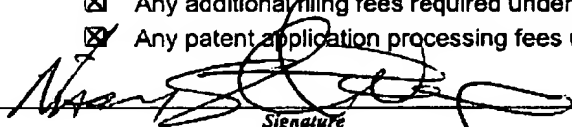

Date Mailed: 11/01/01 **Date Due:** November 1, 2001

Client: Cedars-Sinai Medical Center

Atty/Secy: nas:aw

Place your receiving date stamp hereon and return this card.



AMENDMENT TRANSMITTAL LETTER (Small Entity)			Docket No. P07 43453 (18810-80645)		
Applicant(s): Black et al.					
Serial No. 09/491,500	Filing Dat January 26, 2000	Examiner Sorbello, E.	Group Art Unit 1633		
Invention: METHOD FOR USING POTASSIUM CHANNEL AGONISTS FOR DELIVERING A MEDICANT TO AN ABNORMAL BRAIN REGION AND/OR A MALIGNANT TUMOR					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	44 -	109 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	4 -	8 =	0 x	\$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1597 A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature				Dated: November 1, 2001	
Nisan A. Steinberg, Ph.D. Registration No. 40,345 SIDLEY AUSTIN BROWN & WOOD 555 West Fifth Street Los Angeles, CA 90013-1010 Ofc: 213/896-6665 Fax: 213/896-6600					
<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on 11/01/01 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</p><p style="text-align: center;"> Signature of Person Mailing Correspondence</p><p style="text-align: center;">Ann Weiss Typed or Printed Name of Person Mailing Correspondence</p></div>					
CC:					

P11SMALL/REV06